

# Emergency Health Care Plan

Place Child's  
Picture  
Here

ALLERGY TO: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Asthmatic?  YES \*(High risk for severe reaction)  NO

## SIGNS OF AN ALLERGIC REACTION INCLUDE:

**SYSTEM:** \_\_\_\_\_ **SYMPTOMS – (Circle those that are specific to this child)** \_\_\_\_\_

- ✓ **Mouth** Itching & swelling of the lips, tongue, or mouth
- ✓ **Throat\*** Itching and/or a sense of tightness in the throat, hoarseness, & hacking cough
- ✓ **Skin** Hives, itchy rash, and/or swelling about the face or extremities
- ✓ **Gut** Nausea, abdominal cramps, vomiting, and/or diarrhea
- ✓ **Lung\*** Shortness of breath, repetitive coughing, and/or wheezing
- ✓ **Heart\*** "Thready" pulse, "passing out"

\* All above symptoms can potentially progress into a life-threatening situation! The severity of the symptoms can change quickly.

## ***Action:***

- 1) If ingestion or sting is suspected, give \_\_\_\_\_  
(oral medication name and exact dosage)
- 2) If symptoms progress to the \* above life-threatening situation, give Epi-Pen or Epi-Pen Jr. immediately into the outer thigh!  
**Directions for use of the Epi-Pen:**
  - (1) Take Epi-Pen out of tube and pull off gray end cap
  - (2) Place the black ended tip on outer thigh
  - (3) Grasp firmly and press hard into thigh until it clicks
  - (4) Hold in place for 10 seconds, remove and massage area
  - (5) Give discharged Epi-Pen to 911 responders for disposal
  - (6) Tell the paramedics at what time you gave the injection
- 3) **CALL 911** right after giving the Epi-Pen! (Epi-Pen only lasts about 20 minutes)
- 4) **Call Parents or emergency contacts.** \_\_\_\_\_
- 5) **Call Doctor:** \_\_\_\_\_ **at:** \_\_\_\_\_
- 6) **Hospital Preference:** \_\_\_\_\_

### Emergency Contacts:

- 1) \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone: \_\_\_\_\_
- 2) \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone: \_\_\_\_\_
- 3) \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### Staff Trained to Give Epi-Pens

- 1) \_\_\_\_\_ Date \_\_\_\_\_
- 2) \_\_\_\_\_ Date \_\_\_\_\_
- 3) \_\_\_\_\_ Date \_\_\_\_\_
- 4) \_\_\_\_\_ Date \_\_\_\_\_
- 5) \_\_\_\_\_ Date \_\_\_\_\_
- 6) \_\_\_\_\_ Date \_\_\_\_\_